# Medical Home Port
## EMDEC BRIEF

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INDEPENDENT DUTY PROGRAM MANAGERS
ENLISTED MEDICAL HOMEPORT CHAMPIONS

# Terminal / Enabling Objectives

- Terminal Learning Objective
  - Given the appropriate information, the student will be able understand Medical Homeport objectives.

- Enabling Learning Objectives
  - The student will be able to identify governing directives.
  - The student will be able to identify Medical Home Port program initiatives.
  - The student will be able to identify the effects of Medical Home Port.

# Terminal / Enabling Objectives

- Terminal Learning Objective
  - Given the appropriate information, the student will be able explain the operation of the Medical Home Port system.

- Enabling Learning Objectives
  - The student will be able to differentiate between Medical Home Port appointment types.
  - The student will be able to indentify the Medical Home Port members.
  - The student will be able to understand the role of the Senior Enlisted Leader within the Medical Home Port Team.

# Program Initiatives

- Execute leadership guidance to control cost of healthcare
  - Recapture purchased care
  - Reduce Emergency Room and Urgent Care utilization
  - Improve care coordination by collaborating with specialty care

# Program Initiatives (cont)

- Standardize the Medical Home Port practice to BUMEDINST 6300.19 Primary Care Services in Navy Medicine

- Facilitate Level II/III National Committee for Quality Assurance (NCQA) recognition of all Medical Home Port practices

# Program Initiatives (cont)

- Use key IM/IT tools, including Tri-Service Workflow (TSWF), Secure Messaging, the Command Management System, and Care Point
- Monitor key metrics to improve access, satisfaction, and quality
- Assess need to embed specialists to achieve comprehensive care

# Medical Home Concept

- Navy Medicine primary care services will transition from an individual patient /individual provider model to a standardized primary care team model which will provide better:

- Access
- Continuity of Care
- Wellness
- Disease Management

# Improving the US Healthcare System

npr
Pentagon To Cut $78 Billion Over 5 Years
U.S.News & WORLD REPORT
New Healthcare Reform Provisions Go Into Effect
THE WALL STREET JOURNAL.
Pentagon Faces the Knife
Forbes
Giving Credit Where It's Due: Health Reform Promotes Radical Transparency
The New York Times
Gates Seeking to Contain Military Health Costs
KHN
KAISER HEALTH NEWS
DOD Struggles With Health Care Costs, VA Faces Challenges In Providing Care
GAO Report Finds Integrated Systems Improve Care and Access, but Still Face Challenges

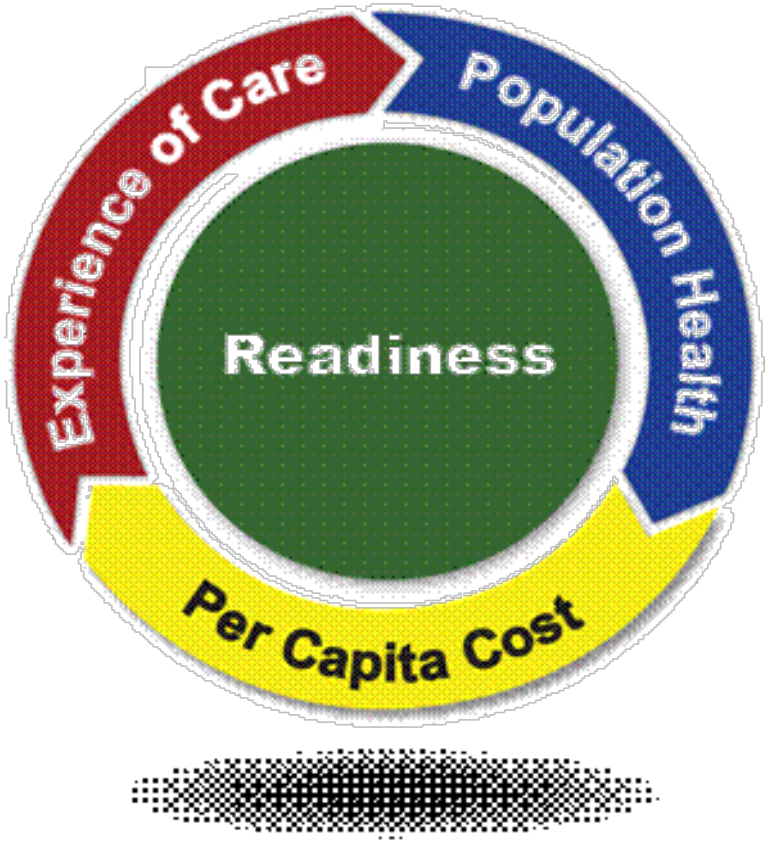
# Improving the US Healthcare System Cont

- Everyone is facing same challenges (Air Force, Army, VA, Civilians, etc)
- U.S.: #1 for costs; 37th in quality
- DoD healthcare inflation is unsustainable
- DoD beneficiaries are less satisfied with direct care

**Solutions are limited:**

- Raise TRICARE fees
- Cut services / shrink coverage
- Become more efficient

# Quadruple Aim



# Requirements for Execution

1. Culture change
2. Refocus on production of health care
3. Manage timeline expectations = Medical home is a journey, not a destination
4. Analysis, creativity, collaboration
5. Change what we recognize and reward
6. Moving money, hiring, modifying, and acquiring technology
7. Increasing resources

# Effects of Medical Home

**Improved:**

- Access to Care
- PCM continuity
- Patient satisfaction

**Reduced Cost of Care:**

- Unnecessary:
  - ✓ER use
  - ✓Network care
  - ✓Ancillary tests
  - ✓Hospitalizations
  - ✓Specialty visits

# Appointment Types

- Acute – Pt seen within 24 hours.
- Established – Pts seen within a week.
- Wellness – Preventive services. Can substitute with established appointment.
- Procedural Services – Treadmill testing, vasectomies, etc.

# Appointment Types Cont

- 2 Factors considered when deciding appointment type:
  - Medical Acuity
  - Patient Desire
    - Same day appointments
    - Clinics will need to adjust and manage their appointment availability to accommodate patient desires.

# Medical Homeport Team

- Primary Care Provider(MO/IDC)
- Team Nurse(RN)
- Ancillary Support (HMs/LPNs/CNAs)
- Senior Enlisted Leader
- Clerical Staff
- Behavioral Health Provider
- Health Educator
- Clinical Manager

# Senior Enlisted Leader

- The SEL is responsible for the care, career progression, and Sailorization of enlisted personnel with in their Medical Home Port team.

- The SEL is also expected to participate in the Medical Home Port team when not actively involved in other activities.

# Medical Home Port Space

- It is recommended that key members of the team be co-located in the same office space.
- Each MHP clinic shall have:
  - Two exam rooms per provider.
  - One additional room for procedures and prolonged acute patient care and monitoring.
  - One private multipurpose office to be shared by team members.

# After-Hours MHP Access

- A patient's ability to access their MHP provider or another member of their MHP team shall be direct and easily accomplished.
- Direct access involves either direct contact with the MHP provider via secure messaging, telephone, pager, or some other contact with communication device.
- After-hours coverage may be provided by a member of the MHP team to include active duty, civilian, or contract providers.
- The Emergency Department is not considered appropriate coverage for after-hours primary care for non-emergent conditions.

# Questions?